



NC DHHS EMPLOYEE SEPARATION OR TRANSFER NOTIFICATION

Division/Facility/School: _____ Date: _____

To: _____ (Supervisor's name)

From: _____ (Separating employee's name)

I am resigning my position as _____ (Employee's Job Title)

from _____ (Department/Unit)

☐ I am leaving the employment of _____, NC DHHS.
(Division/Facility/School)

☐ I am transferring to another agency within NC DHHS.

Name of Division/Facility/School: _____

☐ I am transferring to another agency/department within state government.

Name of Agency/Department: _____

☐ Other: _____

EMPLOYEE CERTIFICATION:

My last day at work will be: _____

Reason for separation or transfer:

Employee's Signature: _____ Date: _____

SUPERVISOR'S RECEIPT:

☐ I received this resignation on: _____
(Date)

Supervisor's Signature: _____